

|   |                                |   |  |  |                                      |                         |  |  |                      |                                |
|---|--------------------------------|---|--|--|--------------------------------------|-------------------------|--|--|----------------------|--------------------------------|
| NOTICE OF APPEAL FROM THE EXAMINER TO<br>THE BOARD OF PATENT APPEALS AND INTERFERENCES  |                                | Docket Number (Optional)<br><br>80398P109 |  |  |                                      |                         |  |  |                      |                                |
| <p>I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.</p> <p style="text-align: center;">January 3, 2005</p> <p>Signature <u>Nicole Erquiza</u><br/>Typed or printed name <u>Nicole Erquiza</u></p>   |                                |   |  |  |                                      |                         |  |  |                      |                                |
| <table border="1"> <tr> <td colspan="2">In re Application of<br/>Jeffrey J. Claar, et al.</td> </tr> <tr> <td>Application Number<br/><br/>08/936,708</td> <td>Filed<br/><br/>09/24/1997</td> </tr> <tr> <td colspan="2">For<br/>Method and Apparatus for Providing a Graphical User</td> </tr> <tr> <td>Art Unit<br/><br/>2644</td> <td>Examiner<br/><br/>Laura A. Grier</td> </tr> </table>  |                                |   | In re Application of<br>Jeffrey J. Claar, et al. |  | Application Number<br><br>08/936,708 | Filed<br><br>09/24/1997 | For<br>Method and Apparatus for Providing a Graphical User |  | Art Unit<br><br>2644 | Examiner<br><br>Laura A. Grier |
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| <p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 1.17(b)) <u>      \$500.00</u></p> <p><input type="checkbox"/> Applicant claims small entity status under 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <u>      </u></p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of the fee transmittal.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>02-2668</u> I have enclosed a duplicate copy of the fee transmittal.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2039.</b></p> <p>I am the<br/> <input type="checkbox"/> applicant/inventor.<br/> <input type="checkbox"/> assignee of record of the entire interest.<br/>         See 37 CFR 3.71. Statement under 37 CFR 3.73(b)<br/>         is enclosed. (Form PTO/SB/86)</p> <p><input checked="" type="checkbox"/> attorney or agent of record.<br/> <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a).<br/>         Registration number if acting under 37 CFR 1.34(a) <u>      </u></p> <p><i>Signature</i><br/> <u>William W. Schaal, Reg. No. 39,018</u><br/>         Typed or printed name</p> <p style="text-align: right;">01/03/05<br/>Date</p> <p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small></p> |                                |   |  |  |                                      |                         |  |  |                      |                                |